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OET HQ BY DR. NASIR

OET WRITING SUB-TEST

NURSING

Writing Case Notes · Free Sample · Cases 1-2 of 15

2026 EDITION | FREE SAMPLE

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In this sample

CASE	WRITING TASK	LETTER TYPE
No. 1	Elderly Patient with Pneumonia and Delirium: Transfer from Emergency to Medical Ward	Transfer letter
No. 2	Life-Threatening Asthma: Nursing Transfer from Emergency to Intensive Care	Transfer letter

How the OET Writing sub-test works

- You have 45 minutes in total: 5 minutes to read the case notes and 40 minutes to write.
- You write ONE letter (usually a referral, discharge or transfer letter) to the person named in the task, using only the information in the case notes.
- The body of the letter should be about 180 to 200 words. Select the relevant notes; do not copy everything.
- Your letter is assessed on six criteria: Purpose, Content, Conciseness and Clarity, Genre and Style, Organisation and Layout, and Language.
- Each case here is set out exactly as it appears in the exam, and every case is written fresh for 2026 and calibrated to the current exam difficulty index.

Get your letter corrected

- Write your letter under exam conditions (45 minutes, no dictionary, no notes).
- Then, for corrections, visit cliniverba.com. Our OET-trained team marks your letter against all six criteria and shows you exactly what to fix.
- Practise, get corrected, and repeat. That is how our students clear the Writing sub-test.

WRITING SUB-TEST · NURSING **CASE 1 OF 2**

TIME ALLOWED: READING TIME: 5 MINUTES · WRITING TIME: 40 MINUTES

Read the case notes below and complete the writing task which follows.

Case 1: Elderly Patient with Pneumonia and Delirium: Transfer from Emergency to Medical Ward

Notes:

PATIENT DETAILS

Name	Mr Thomas Ridley
Date of birth	14/08/1938 (86 years)
Marital status	Widowed; lives alone with daily meal delivery
Next of kin	Susan Ridley (58, daughter), contacted 09:40
Date and time of arrival	21/06/2025, 08:15
Provisional diagnosis	Community-acquired pneumonia with hyperactive delirium

BACKGROUND

- Mild cognitive impairment; usually oriented to person and place
- Atrial fibrillation; chronic kidney disease stage 3
- Bilateral hearing aids; wears glasses; dentures upper
- Mobilises independently with a walking stick at baseline
- Two falls at home in past month reported by daughter
- **Allergy:** penicillin (facial swelling)

PRESENTATION

- Brought by ambulance after daughter found him confused and shivering
- Four days of productive cough with green sputum and reduced oral intake
- Incontinent of urine overnight, unusual for him
- Agitated on arrival, attempting to climb out of bed, pulling at cannula
- Disoriented to time and place; repeatedly asking for his late wife

OBSERVATIONS ON ARRIVAL

Temperature	38.9 °C
Blood pressure	102/58 mmHg
Heart rate	116/min, irregular
Respiratory rate	28/min
Oxygen saturation	88% room air, 94% on 3 L via nasal prongs
Blood glucose	7.2 mmol/L
Pain score	3/10, right-sided chest on coughing

CARE PROVIDED IN EMERGENCY DEPARTMENT

- Intravenous cannula right forearm; blood cultures, full blood count and electrolytes taken
- Chest X-ray: right lower lobe consolidation
- Doxycycline and ceftriaxone commenced (penicillin allergy documented)
- Intravenous sodium chloride 0.9%, 1 litre over 6 hours

- Paracetamol 1 g given at 08:40; temperature 37.6 °C at 11:00
- Indwelling catheter not inserted; urine bottle in use, output 250 mL since arrival
- Nil by mouth pending swallow screen; coughed on sips of water at 10:15

NURSING CARE REQUIREMENTS

- Hourly observations; escalate if saturation below 92% or systolic below 100 mmHg
- Delirium precautions: quiet single room, hearing aids and glasses in place, orientation cues
- High falls risk: bed low, sensor mat, hourly rounding; no physical restraint used
- Speech pathology swallow assessment required before oral intake
- Strict fluid balance chart; daily weight
- Pressure area care two hourly; Waterlow score 18
- Daughter requests to be telephoned with any deterioration

WRITING TASK

You are the senior nurse in the Emergency Department at Blacktown Hospital, Marcel Crescent, Blacktown NSW 2148. Mr Thomas Ridley is being transferred to the acute medical ward. Write a transfer letter to Ms Grace Ilori, Nurse Unit Manager, Ward 4B, Blacktown Hospital, summarising his presentation and ongoing nursing care requirements.

In your answer:

- Expand the relevant notes into complete sentences
- Do not use note form
- Use letter format

The body of the letter should be approximately **180-200 words**.

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WRITING SUB-TEST · NURSING **CASE 2 OF 2**

TIME ALLOWED: READING TIME: 5 MINUTES · WRITING TIME: 40 MINUTES

Read the case notes below and complete the writing task which follows.

Case 2: Life-Threatening Asthma: Nursing Transfer from Emergency to Intensive Care

Notes:

PATIENT DETAILS

Name	Ms Chloe Barrington
Age	23 years
Occupation	University student, part-time barista
Next of kin	Denise Barrington (51, mother), at bedside
Date and time of arrival	02/08/2025, 21:05
Diagnosis	Life-threatening acute asthma

BACKGROUND

- Asthma since childhood; two previous intensive care admissions (2019, 2022)
- Preventer inhaler prescribed but used irregularly; relies on salbutamol
- Smokes socially; keeps a cat in shared student accommodation
- No preventer used for the past 3 months; ran out of prescription
- **Allergy:** aspirin (wheeze)

PRESENTATION

- Three days of worsening wheeze and cough following an upper respiratory infection
- Used salbutamol inhaler more than 20 times today with little relief
- On arrival unable to speak in full sentences, sitting forward, visibly exhausted
- Mother reports patient became drowsy in the waiting area

OBSERVATIONS

Time	21:05	22:30
Respiratory rate	36/min	30/min
Oxygen saturation	85% room air	93% on 8 L via mask
Heart rate	138/min	124/min
Blood pressure	142/86 mmHg	128/74 mmHg
Peak flow	Unable to perform	140 L/min (best 480)
Conscious state	Drowsy, GCS 13	Alert, GCS 15

- Silent chest on initial auscultation; widespread wheeze now audible
- Arterial blood gas 21:20: pH 7.28, pCO2 56 mmHg, pO2 62 mmHg

TREATMENT GIVEN

- Continuous nebulised salbutamol with oxygen; ipratropium 500 mcg three doses
- Hydrocortisone 200 mg intravenously at 21:15
- Magnesium sulfate 2 g intravenously over 20 minutes
- Two large-bore cannulae inserted; intravenous fluids running
- Continuous cardiac and saturation monitoring; potassium 3.2 mmol/L, replacement commenced

- Intubation equipment kept at bedside; anaesthetic team informed

NURSING PRIORITIES ON TRANSFER

- Continuous respiratory and cardiac monitoring; hourly peak flow when able
- Escalate immediately if drowsiness, rising carbon dioxide or falling respiratory rate
- Monitor potassium and blood glucose with high-dose beta agonist and steroid therapy
- Patient anxious and frightened; reassurance and clear explanation required
- Mother distressed; requests to remain at bedside overnight
- Asthma education and preventer plan needed before discharge

WRITING TASK

You are the resuscitation nurse at Royal Perth Hospital, Victoria Square, Perth WA 6000. Ms Chloe Barrington is being transferred to the intensive care unit. Write a transfer letter to Mr Dean Okafor, Clinical Nurse, Intensive Care Unit, Royal Perth Hospital, outlining her condition, treatment given and immediate nursing priorities.

In your answer:

- Expand the relevant notes into complete sentences
- Do not use note form
- Use letter format

The body of the letter should be approximately **180-200 words**.

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